

<b>CLAIMS ONLY</b>	Application Number <div style="font-size: 1.2em; font-family: cursive;">10617523</div>	Filing Date <div style="font-size: 1.2em; font-family: cursive;">7/14/03</div>
Applicant(s)		

* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
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49						
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Total Indep			6			
Total Depend			29			
Total Claims			35			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						